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<b>SERIAL NUMBER</b> 09/871,997	<b>FILING OR 371(c) DATE</b> 06/01/2001 <b>RULE</b>	<b>CLASS</b> 709	<b>GROUP ART UNIT</b> 2157	<b>ATTORNEY DOCKET NO.</b> 0002-0100.21	
<b>APPLICANTS</b> Peter A. Rothschild, Redwood City, CA; Vijendra Guru Raaj Prasad, Fremont, CA; William M. M. Weir, Redwood City, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/771,446 01/25/2001 PAT 6,678,703 which is a CIP of 09/602,643 06/22/2000 <i>OK MAS</i>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/28/2001</b> <i>OK MAS</i>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>M. A. Schmitt</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 12
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<b>TITLE</b> Medical image management system and method					
<b>FILING FEE RECEIVED</b> 1050	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		